Risk Management Review Committee Charter
QIC Approved September 27, 2021

Committee / Workgroup	Risk Management Review Committee
Statement of Purpose	The purpose of the Department of Behavioral Health and Developmental Services (DBHDS) Risk Management Review Committee (RMRC) is to provide ongoing monitoring of serious incidents and allegations of abuse and neglect; and analysis of individual, provider and system level data to identify trends and patterns and make recommendations to promote health, safety and well-being of individuals. As a subcommittee of the DBHDS Quality Improvement Committee (QIC), the RMRC identifies and addresses risks of harm; ensures the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and collects and evaluates data to identify and respond to trends to ensure continuous quality improvement. The RMRC has been established to improve quality of services and the safety of individuals with developmental disabilities (DD).
Authorization/Scope of Authority	This committee is authorized by the DBHDS QIC and is coordinated by the Division of Quality Assurance and Government Relations and the Office of Clinical Quality Management. The RMRC's overall risk management process enables DBHDS to identify, and prevent or substantially mitigate risks of harm. The RMRC reviews and analyzes related data collected from facilities and community service providers, including reports of serious incidents and allegations of abuse and neglect. The RMRC also reviews data and information related to DBHDS program activities, including licensing reviews, triage and review of serious incidents, and oversight of abuse/neglect allegations.
Charter Review	The RMRC was established in December 2014. The charter will be reviewed and/or revised on an annual basis, or as needed, and submitted to the QIC for approval.
DBHDS Quality Improvement Standards	**DBHDS is committed to a Culture of Quality that is characterized as:** • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement initiatives (QII) as indicated
Model for Quality Improvement	On a quarterly basis, DBHDS staff assigned to implement QIIs will report data related to the QIIs to the RMRC to enable the committee to track implementation. Through look-behind reviews, data collection, and analysis of data, including trends, patterns, and problems at individual service delivery and systemic levels, the RMRC identifies areas for development of QIIs. To that end, the committee determines the: • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement?

	• Change: What change can we make that will result in improvement? Implements the Plan/Do/Study/Act Cycle: • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions. • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented. Additionally, the RMRC: • Establishes performance measure indicators (PMIs) that align with the eight domains when applicable • Monitors progress towards achievement of identified PMIs and for those falling below target, determines actions that are designed to raise the performance • Assesses PMIs overall annually and based upon analysis, PMIs may be added, revised or retired in keeping with continuous quality improvement practices • Utilizes approved system for tracking PMIs, and the efficacy of preventive, corrective and improvement measures • Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns • Reviews trends at least quarterly; utilizes data analysis to identify areas for improvement and monitor trends. The RMRC identifies priorities and determines QIIs as needed, including identified strategies and metrics to monitor success, or refers these areas to the QIC for consideration for targeted quality improvement efforts • Implements approved QIIs within 90 days of the date of approval • Monitors progress of approved QIIs assigned and addresses concerns/barriers as needed • Evaluates the effectiveness of the approved QII for its intended purpose • Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training • Completes a committee performance evaluation annually that includes the accomplishments and barriers of the RMRC Data reviews occur as part of quality improvement activities and as such are not considered research.
Structure of Committee / Workgroup:	
Membership	RMRC is an internal inter-disciplinary team comprised of the following DBHDS employees with clinical training and experience in the areas of behavioral health, intellectual disabilities/developmental disabilities, leadership, medical, quality improvement, and data analytics:

	Voting Members: • Assistant Commissioner of Quality Assurance and Government Relations or designee • Director, Community Quality Management, or designee • Director, Provider Development, or designee • Director, Office of Human Rights, or designee • Director, Office of Integrated Health. or designee • Incident Manager, Office of Licensing, or designee • Representative, Data Quality and Visualization • Settlement Agreement Director, or designee • Risk Manager, Training Center or designee • Office of Licensing Quality Improvement Review Specialist **Advisory Members:** • Deputy Commissioner of Quality Assurance and Government Relations • QI/QM Coordinator • Quality Improvement Specialists • Investigations Manager, Office of Licensing, or designee • Advisory consultants as needed/required
Meeting Frequency	The RMRC meets at least ten times a year with a quorum present; additional meetings may be scheduled as determined by the urgency of issues. Meetings can occur in the absence of quorum; however, no actions can be taken during the meeting. Additional workgroups may be established as needed.
Quorum	A quorum is defined as 50% plus one of the approving members. These actions require quorum: approval of minutes, subcommittee recommendations to the QIC, approval/denial of QIIs, PMIs (new, revisions, ending), and charters.
Leadership and Responsibilities	The Assistant Commissioner of Quality Assurance and Government Relations or designee chairs the RMRC. The chair will be responsible for ensuring the committee performs its functions. The standard operating procedures include: • Develop, update and review annually the committee charter • Meet regularly to ensure continuity of purpose • Maintain reports, meeting minutes, and/or actions taken as necessary and pertinent to the subcommittee's function • Analyze data to identify and respond to trends to ensure continuous quality improvement • Recommend QIIs (at least one per fiscal year, based on data analysis designed to mitigate risks, and foster a culture of safety in service delivery based on data analysis), which are consistent with Plan, Do, Study, Act model and implement QIIs as directed by the QIC

	The RMRC will: • Adhere to agency policy and procedure related to HIPAA compliance and protecting confidentiality (DI 1001 – Privacy Policies and Procedures for the Use and Disclosure of PHI) • Develop an incident management process that is responsible for review and follow-up of all reported serious incidents including protocols that identify a triage process, a follow-up and coordination process with licensing specialists and investigators, human rights advocates and referrals to other DBHDS offices as appropriate and documentation of trends, patterns and follow-up on individual incidents • Provide oversight for a look behind review of a statistically valid, random sample of DBHDS serious incident reviews and follow-up process. The reviews evaluate whether: o The incident was triaged by the Office of Licensing incident management team appropriately according to developed protocols; o The provider's documented response ensured recipient's safety and well-being; o Appropriate follow-up from the Office of Licensing incident management team occurred when necessary; o Timely, appropriate, corrective action plans are implemented by the provider when indicated. o The RMRC will review trends quarterly, recommend changes to processes, protocols, or quality improvement initiatives when necessary and track implementation of any changes or quality initiatives approved for implementation. • Provide oversight of a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation. The review evaluates whether: o Comprehensive and non-partial investigations of individual incidents occur within state prescribed timelines; o The person conducting the investigation has been trained to conduct investigations; o Timely, appropriate, corrective action plans are implemented by the provider when indicated. o The RMRC will review trends quarterly, recommend changes to processes, protocols, or quality improvement initiatives when necessary and track implementation of any changes or quality initiatives approved for implementation. • Systematically review and analyze data related to serious incident reports (SIR), deaths, human rights allegations of abuse, neglect and exploitation, findings from licensing inspections and investigations, and other related data • Review details of individual serious incident reports when indicated • Review and identify trends from aggregated incident data, including allegations of abuse, neglect, and exploitation, at least four times per year by various levels such as by region, by Community Services Board (CSB), by provider locations, by individual, or by levels and types of incidents

	• Monitor aggregate data of provider compliance with serious incident reporting requirements and establishes targets for performance measurement indicators. When targets are not met, the RMRC determines whether QIIs are needed, and if so, monitors implementation and outcomes. • Utilize the findings from review activities to develop, or recommend, the development of guidance, training, or educational resources to address areas of risk prevalent within the DBHDS service population • Review, analyze and identify trends related to DBHDS facility risk management programs to reduce or eliminate risks of harm • Monitor the effective implementation of DI 401 (Risk and Liability Management) by reviewing facility data and trends, including risk triggers and thresholds to address risks of harm • Review the results of Quality Service Reviews (QSR) as it relates to identified risks of harm, including appropriate provider response to risks, address risk triggers and thresholds and use findings to inform providers of recommendations as well as use systemic level findings to update guidance that is then disseminated • Share data or findings with quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee • Provide relevant data (statewide aggregate, regional) to the RQCs which includes comparisons to other internal or external data as appropriate and include multiple years as available • Ensure the annual review of guidance, training, or educational resources; and update as necessary to ensure current guidance is reflected. Use data and information from risk management activities to identify topics for future content as well as determine when existing content needs revision. • Produce an annual report (based upon state fiscal year) for inclusion in the annual Quality Management Plan • Report to the QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs. Report findings, conclusions and recommendations as unusual patterns or trends are identified <u>Membership Responsibilities:</u> **Voting members:** • Have decision making capability and voting status • Review data and reports for meeting discussion • A quorum of members shall approve all recommendations presented to the QIC • Members may designate an individual (designee) to attend on their behalf when they are unable to attend. The designee shall have decision-making capability and voting status. The designee should come prepared for the meeting. **Advisory members:**

	• Perform in an advisory role for the RMRC whose various perspectives provide insight on RMRC activities, performance outcomes, and recommended actions • Inform the committee by identifying issues and concerns to assist the RMRC in developing and prioritizing meaningful QIIs • Support the RMRC in performing its functions All members receive orientation and training both as new members to the committee and on an annual basis. Material shall include information pertaining to QM System, charter, committee responsibilities and continuous quality improvement.
Definitions	The following standard definitions as referenced in Part I of the Quality Management Plan (Program Description) are established for all quality committees: • Advising Members - Members of the quality committees without the authority to approve meeting minutes, charters, PMIs and other activities requiring approval. • Corrective Actions - DBHDS OL imposed requirements to correct provider violations of Licensure regulations • Data Quality Monitoring Plan - Ensures that DBHDS is assessing the validity and reliability of data, at least annually, that it is collecting and identifying ways to address data quality issues. • Eight Domains - Outline the key focus areas of the DBHDS quality management system (QMS): (1) safety and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4) stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity. • Home and Community-Based Services (HCBS) Waivers - provides Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia's CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver. • Key Performance Area (KPA) - DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well-Being; Community Inclusion and Integration; and Provider Competency and Capacity. • Key Performance Area Workgroups - DBHDS workgroups that focus on ensuring quality service provision through the establishment of performance measure indicators, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains. • N - Sample size • National Core Indicators - Standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks.

	Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health and safety. • Performance Measure Indicators (PMIs) - Include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review. • Quality Committees - The QIC and QIC Subcommittees collectively • Quality Improvement Committee (QIC) Subcommittee/Quality Committee - DBHDS quality committees, councils and workgroups existing as part of the QMS (Case Management Steering Committee, Key Performance Area Workgroups, Mortality Review Committee, Regional Quality Councils, and the Risk Management Review Committee). • Quality Improvement Committee (QIC)-Oversees the work of the QIC subcommittees • Quality Improvement Initiative - Addresses systemic quality issues identified through the work of the QIC subcommittees. • Developmental Disabilities Quality Management Plan - Ongoing organizational strategic quality improvement plan that operationalizes the QMS. • Quality Service Review - Review conducted for evaluation of services at individual, provider, and system-wide levels to evaluate: whether individuals' needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers' services, quality improvement and risk management strategies, and provide recommendations to providers for improvement. • Quorum - Number of voting members required for decision-making. • Regional Quality Councils (RQC) - DBHDS formulated councils, comprised of providers, CSBs, DBHDS quality improvement personnel, and individuals served and their family members that assess relevant data to identify trends and recommend responsive actions for their respective DBHDS designated regions. • State Fiscal Year (SFY) - July 1 to June 30 • Voting Members - Members of the quality committees with the authority to approve meeting minutes, charters, PMIs and other activities requiring approval. • Waiver Management System (WaMS) - The Commonwealth's data management system for individuals on the HCBS DD waivers, waitlist, and service authorizations.